

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND	DEP	IND	DEP	IND	DEP		IND	DEP
1	1								
2		1							
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TOTAL IND.	3						TOTAL IND.		
TOTAL DEP.	6						TOTAL DEP.		
TOTAL CLAIMS	9						TOTAL CLAIMS		